



CMG APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

PLEASE COMPLETE PAGES 1-5 DATE 4-12-13

Name Murphy, Brenda Sue Dinning
Last First Middle Maiden

Present address 11882 Irma Dr
Number Street
Northglenn CO 80233
City State Zip

Social Security No. 547-96-9467

Telephone 303-809-8321 E-Mail bsmurphy2@yahoo.com

If under 18, please list age _____ Referred by _____

Position applied for (1) Call Center Shift available to work
 and salary desired (2) \$11/hr 1st 2nd 3rd
 (Be specific)

How many hours can you work weekly? 40-50 Can you work nights? Yes

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? 4-12-13

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
 No Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	San Dieguito	Encinitas, CA	3	General GED
	GED	Colby, KS	1	
College	Fort Hays	Hays, KS	6	Masters
	State Univ			
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? 2009 Ford Escape
Driver's license number 97-169-1487 State of issue CO

Operator Commercial (CDL) Chauffeur

Expiration date 6-14

Have you had any accidents during the past three years? Yes No
If so, how many? 1

Have you had any moving violations during the past three years? Yes No
If so, how many? _____

Please list two references other than relatives or previous employers.

Name <u>Elisa Zinge</u>	Name <u>Stephanie Greene</u>
Position <u>Acct Coordinator</u>	Position <u>HR / Payroll</u>
Company <u>Ceva Logistics</u>	Company <u>CEVA</u>
Address <u>18300 E 28th</u>	Address <u>18300 E 28th</u>
<u>Aurora, CO</u>	<u>Aurora, CO</u>
Telephone <u>(720) 858-7401</u>	Telephone <u>(720) 858-7409</u>

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? Yes No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

See Resume

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td style="padding: 2px;">From _____</td> <td style="padding: 2px;">Start _____</td> </tr> <tr> <td style="padding: 2px;">To _____</td> <td style="padding: 2px;">Final _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____	Your last job title _____	
Employment dates	Pay or salary								
From _____	Start _____								
To _____	Final _____								
Your last job title _____									
Reason for leaving (be specific) _____									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.									

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APPLICATION FOR EMPLOYMENT

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From	Start						
To	Final						
Reason for leaving (be specific) _____							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.							

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant



Date:

4-12-13



Authorization of Direct Deposit

The undersigned (hereafter referred to as the "employee") hereby authorizes and requests PAYCOM to make deposits from time to time in the account(s) identified below and authorizes the bank to accept such deposits. It is agreed that these deposits may be made electronically and under the Rules of the National Automated Clearing House Association. It is agreed that PAYCOM is only responsible for direct deposit of funds that have previously been received from _____ hereafter referred to as the "employer".

Attach a voided check, copy of a check, or spec sheet for each account. Indicate whether it is a checking or savings account. (No deposit slips)

- 1. Call your bank and confirm the ACH Routing Number(s) and Account numbers for Checking and/or Savings
- 2. Complete and Sign the form

Main Account (Net Pay) - Checking or Savings Account (circle one)

Acct # 3877346697

ACH Routing # 11017101614141

Bank Name TCF

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH  your convenience bank.

Bank **BRENDA S MURPHY**
303-953-1034
11882 IRMA DRIVE
NORTHGLENN, CO 80233

1029
82-644/1070 15
3877346697

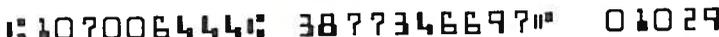
Addi _____ Date _____

Acct Pay to the Order of _____ \$ _____

ACH _____ Dollars

Bank  www.tcfbank.com
1-800-TCF-BANK
Open 7 Days

Addi _____ MP

Acct i: 

ACH Routing # 11017101614141

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # 11017101614141

Bank Name _____

Employee Name Brenda Murphy SS# 54719619467

Address 11882 Irma Dr City Northglenn State CO Zip 80233

Employee Signature Brenda Murphy

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	H	<u> </u>

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div>
1 Type or print your first name and middle initial. <u>Brenda S</u>		2 Your social security number <u>547-96-9467</u>
Last name <u>Murphy</u>		3 <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
Home address (number and street or rural route) <u>11882 Irma Drive</u>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
City or town, state, and ZIP code <u>Northglenn, CO 80233</u>		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) <u>1</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) <u>Brenda Murphy</u>		Date <u>4-12-13</u>
8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
10 Employer identification number (EIN)		



ANTI-HARASSMENT POLICY

It is Corporate Management Group's (CMG) policy that all employees should be able to enjoy a work environment free from all forms of discrimination, including harassment. As such, CMG is committed to vigorously enforcing their Anti-harassment Policy. This policy applies to all employees of the organization (without regard to position) and individuals not directly connected to CMG (e.g., an outside vendor, consultant, customer or guest). Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or veteran status. Harassment is considered a form of discrimination and is specifically included among the prohibitions under Title VII of the Civil Rights Act of 1964. In addition, retaliation or reprisal taken against anyone who has expressed concern about harassment or discrimination against the individual raising the concern is illegal.

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as "unwelcome sexual advances, requests for sexual favors, sexual comments, or other verbal or physical acts of a sexual or sex-based nature including, but not limited to drawings, pictures, jokes, and/or teasing where (1) submission to such conduct is made either explicitly or implicitly a term or a condition of an individual's employment; (2) an employment decision is based on an individual's acceptance or rejection of such conduct; or (3) such conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment."

The Anti-harassment Policy prohibits harassment and/or retaliation by any individual employed by, doing business with or for, or visiting CMG. Employees who believe they have been the subject of harassment and/or retaliation or an employee who may have been witness to harassment and/or retaliation must report the incident immediately. Information and/or allegations must be reported to a manager of CMG (**by telephoning 866.920.1425 or 303.920.1425**). Only those who have an immediate need to know, including the alleged target of harassment or retaliation, the alleged harassers or retaliators, and any witnesses may find out the identity of the complainant. All individuals contacted in the course of an investigation will be advised that all persons involved in a charge are entitled to respect and that any retaliation or reprisal against an individual who is an alleged target of harassment or retaliation, who has made a complaint, or who has provided information in connection with a complaint, is a separate violation of CMG's policy. All information will be disclosed only on a need-to-know basis to allow CMG to

investigate and resolve the incident. CMG recognizes the serious nature of harassment and therefore will endeavor to protect the employee who may have been subjected to harassment, any witnesses and the party against whom allegations have been filed to every possible extent.

Harassment is unlawful and has a negative impact on employees. Violation of the Anti-harassment Policy will not be tolerated by CMG and may result in discipline up to and including termination. Offensive acts or conduct have no legitimate business purpose; accordingly, any employee, regardless of his/her position within CMG, who it is determined has engaged in such conduct will be made to bear the full responsibility for such unlawful conduct.

With respect to sexual harassment, the following is prohibited:

1. Unwelcome sexual advances, request for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
 - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
2. Offensive comments, jokes, innuendoes and other sexually-oriented statements.

If Harassment Occurs:

1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including disciplinary measures. We will investigate, in confidence; all reported incidents of harassment and retaliation.

Employee Signature: _____

Date: _____

Brenda Murphy
4-12-13

IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: Jamie Heyen

Address: 11882 Irma Dr, Northglenn, CO 80233

Home Phone: 303-748-8105

Person(s) to contact in case of an emergency on the job (in order of preference):

1. Name: Jamie Heyen

Phone (work): 303-~~802~~-1799

Phone (home): 303-748-8105

2. Name: Brian Quagliano

Phone (work): _____

Phone (home): 785-443-0226

Additional information you want CMG and our clients to know in the event of an emergency:



Have this already

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employee must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <i>Murphy</i>		First Name (Given Name) <i>Brenda</i>		Middle Initial <i>S</i>	Other Names Used (if any) <i>Easterday</i>	
Address (Street Number and Name) <i>11882 Irma Dr</i>			Apt. Number	City or Town <i>Northglenn</i>	State <i>CO</i>	Zip Code <i>80233</i>
Date of Birth (mm/dd/yyyy) <i>06/19/1953</i>	U.S. Social Security Number <i>547-96-9467</i>	E-mail Address <i>bsmurphy2@yahoo.com</i>			Telephone Number <i>303-809-8321</i>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

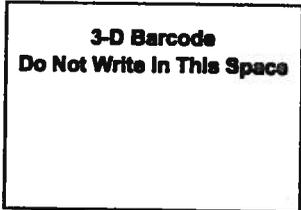
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <i>Brenda Murphy</i>	Date (mm/dd/yyyy): <i>04/12/2013</i>
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name Corporate Management Group	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
12000 N Washington St Suite 290		Thornton	CO	80241

Section 3. Reverification and Rehire (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--



Affirmation of Legal Work Status
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: Murphy Brenda Sue 6-19-53
Last First Middle Date of Birth

Social Security Number: 547-96-9467 Date of Hire: _____

In accordance with § 8-2-122, C.R.S., within twenty days after hiring the new employee listed above,

I affirm all four of the following:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

Print Name of Employer (or Designated Representative) Official Title

Signature of Employer (or Designated Representative) Date Signed
Corporate Management Group 12000 N. Washington Street #290
Thornton, CO 80241 303-920-1425

Business or Organization Name Employer Phone Number

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

This affirmation and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

This affirmation is provided as a courtesy by the Colorado Division of Labor.

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Brenda S. Murphy Social security number ▶ 547-96-9467
Street address where you live 11882 Irma Drive
City or town, state, and ZIP code Northglenn, CO 80233
County Adams Telephone number (303) 809-8321

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 Check here if any of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, or
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but **not** age 25 or older, **and**:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, or
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, or
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ Brenda S. Murphy

Date 4/12/13

WORK OPPORTUNITY TAX CREDIT

PLEASE CHECK "YES" OR "NO" AND ANSWER ALL QUESTIONS

Name Brenda S. Murphy
Address 11882 Irma Dr
City Northglenn State CO Zip 80233 Social Security # 547-96-9467
Date of Birth 6-19-53 Age 59

Please CHECK ONE ANSWER for each of the following questions, and complete question #5:

- 1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months?
2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months?
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days?
4. Are you part of the Ticket to Work program?

5. Name of person who received benefits Brenda Murphy
Relationship Self City & State where benefits received Northglenn, CO

6. Are you a veteran? and Disabled due to service?
Service Dates: From: To: Branch:

7. Have you been unemployed at any time during the last 12 months?
If yes, dates of unemployment: From: To:
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From: To:

8. Have you been convicted of a felony or released from prison in the last 12 months?
Date of Conviction: Date of Release:
Parole Officer's Name: Parole Officer's Phone #

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency?
Name of Agency Phone #
Address of Agency Counselor's Name

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months?

11. Did you receive a high school diploma or GED? If yes, date received:
Have you been employed or been admitted to technical school or college since then?

12. How much in gross wages have you earned TOTAL in the past six months? \$2500.00

I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, or the Department of Labor.
NEW HIRE SIGNATURE Brenda Murphy DATE 4-12-13

Questions below to be completed by manager
Starting Wage Position
Has employee worked for this company before? If yes, date and location



YOUTH SELF-ATTESTATION FORM
Work Opportunity Tax Credit Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with Form ETA 9061 for each certification request filed.

New Hire Name: Brenda S. Murphy

Social Security Number: 547-96-9467 Date of Birth: 6-19-53

Employer Name: Employer Solutions Staffing Group

Employer Federal ID (EIN) Number: _____

Please check all the statements that apply to you. Sign and date this form where indicated below.

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.
- I do not have a High School Diploma or GED certificate.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: Brenda S. Murphy Date 4-12-13

Privacy Act Notice:

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form, including the Social Security Number, will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.



To: All Employees

Quien: Todos Empleados

From: Corporate Management Group & Employer Solutions Group

De: Corporate Management Group y Employer Solutions Group

Re: Stop Payment Check Fee

Re: Tarifa de cheque parado

Effective immediately, to replace a lost or stolen check, \$50.00 will be deducted from the replacement check for a stop payment fee and for a reprocessing fee. *Efectivo inmediatamente, para reemplazar un cheque de sueldo perdido o robado, \$50.00 de tarifa sera deducido de el cheque reemplazado para parar el cheque original y para procesarlo denuevo.*

If you lose your check, we will first have to verify that it has not been processed through the bank. If it has not, a new check will be issued, minus the \$50.00 fee. *Si usted pierde su cheque, tendremos que verificar que no ha sido procesado en el banco. Si no, un cheque nuevo sera processado, menos las tarifa de \$50.00.*

If your check is stolen, we will first need a copy of the police report before a new check can be reissued. After we receive a copy of the police report, a new check will be issued following the same procedures as listed above. *Si su cheque es robado, necesitaremos una copia de el reporte de policia antes de que un cheque nuevo sera procesado. Despues de obtener una copia del reporte de policia, un cheque nuevo sera procesado usando los mismos procedimientos mencionados arriba.*

If you have any questions regarding this new policy, please contact your On-Site Representative or the Corporate Office (303-920-1425). *Si usted tiene preguntas sobre esta poliza, por favor contacte a su representante de CMG o la oficina corporal al (303-920-1425)*

Thank you for your continued dedication and hard work!

Gracias por su dedicacion continua!

By signing below you are confirming that you understand the above policy.
Con su firma abajo usted esta confirmando que entiende la poliza descrita.

Signature/Firma: Brenda S. Murphy
Date/Fecha: 4-12-13

February 2011



Notification of Colorado Law Requirement
Unemployment Acknowledgement

According to Colorado Statutes section 8-73-105.3. A temporary employee who is given a notice that the employee is required to contact or notify the employer upon completion of an assignment and to be available to work, as agreed upon at the time of hire, during a specified period of time, on specified dates, or upon call by the employer on an as-needed basis and who does not contact or notify the employer upon completion of an assignment in compliance with the notice and is not available to work at the agreed-upon times is deemed to have voluntarily terminated employment for the purpose of determining benefits pursuant to section 8-73-108 (5) (e). Also, a temporary employee who agrees to work on an as-needed basis and refuses all work within three separate pay periods when contacted by the employer is deemed to have voluntarily terminated employment for reasons that may or may not allow an award of benefits pursuant to section 8-73-108.

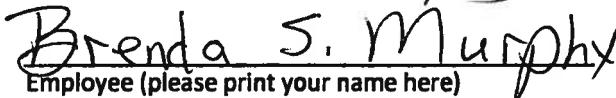
It is your responsibility to contact or notify CMG once your assignment ends. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact or notify CMG once an assignment ends. I also acknowledge that I have received a separate copy of this form.

 (Initial)


Employee Signature:

4-12-13
Date:


Employee (please print your name here)

EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY

Social Security Number
 Date of Birth Sex M F
 Name Brenda Murphy
 Street Address 11882 Irma Dr
 City Northglenn State Zip
 Home Phone

Do you or any dependents have Medicare?
 Yes No If Yes:
 Medicare Health Insurance Claim Number (HICN) _____
 Medicare Effective Date /____/____
 Names of Covered Person(s)
 1. _____
 2. _____
 3. _____
 4. _____

• You MUST enroll in the Medical Insurance Plan before adding any additional benefits.
 • Your coverage level for the additional benefits will be identical to your medical plan selection.

BENEFIT SELECTION Weekly Rates

MEDICAL
 \$23.69 Employee Only
 \$48.08 Employee +1
 \$64.20 Employee + Family
 NO to all benefits.
If NO is checked, sign and date the bottom of the form and go no further.

DENTAL
 YES \$5.23 Employee Only
 NO \$10.46 Employee +1
 \$17.26 Employee + Family

VISION
 YES \$2.35 Employee Only
 NO \$4.00 Employee +1
 \$5.64 Employee + Family

TERM LIFE
 YES \$0.60 Employee Only
 NO \$0.90 Employee +1
 \$1.80 Employee + Family

SHORT-TERM DISABILITY
 YES \$4.20 Employee Only
 NO
 Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

REQUIRED DEPENDENT INFORMATION

Name _____
 Social Security Number -____-____
 Date of Birth /____/____ Sex M F
 Relationship: Spouse Domestic Partner Child

Name _____
 Social Security Number -____-____
 Date of Birth /____/____ Sex M F
 Relationship: Spouse Domestic Partner Child

Name _____
 Social Security Number -____-____
 Date of Birth /____/____ Sex M F
 Relationship: Spouse Domestic Partner Child

BENEFICIARY INFORMATION

For Term Life \ Accidental Loss of Life, Limb & Sight, please write in your beneficiary information.

NAME OF BENEFICIARY _____
RELATIONSHIP _____

Accidental Loss of Life, Limb & Sight is part of the Medical Benefit.

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

► **Signature** Brenda Murphy Date

EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY

Social Security Number 547-96-9467

Date of Birth 06/19/1953 Sex M F

Name Brenda S Murphy

Street Address 11882 Irma Dr

City Northglenn State CO Zip 80233

Home Phone 303-809-8321

Do you or any dependents have Medicare?

Yes No If Yes:

Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date / /

Names of Covered Person(s)

1. _____
2. _____
3. _____
4. _____

- You MUST enroll in the Medical Insurance Plan before adding any additional benefits.
- Your coverage level for the additional benefits will be identical to your medical plan selection.

BENEFIT SELECTION

Weekly Rates

MEDICAL

- \$23.69 Employee Only
- \$48.08 Employee +1
- \$64.20 Employee + Family
- NO to all benefits.
If NO is checked, sign and date the bottom of the form and go no further.

DENTAL

- YES \$5.23 Employee Only
- YES \$10.46 Employee +1
- NO \$17.26 Employee + Family

VISION

- YES \$2.35 Employee Only
- YES \$4.00 Employee +1
- NO \$5.64 Employee + Family

TERM LIFE

- YES \$0.60 Employee Only
- YES \$0.90 Employee +1
- NO \$1.80 Employee + Family

SHORT-TERM DISABILITY

- YES \$4.20 Employee Only
- NO

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

REQUIRED DEPENDENT INFORMATION

Name _____

Social Security Number --

Date of Birth / / Sex M F

Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --

Date of Birth / / Sex M F

Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --

Date of Birth / / Sex M F

Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --

Date of Birth / / Sex M F

Relationship: Spouse Domestic Partner Child

BENEFICIARY INFORMATION

For Term Life \ Accidental Loss of Life, Limb & Sight, please write in your beneficiary information.

NAME OF BENEFICIARY

RELATIONSHIP

Accidental Loss of Life, Limb & Sight is part of the Medical Benefit.

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

Signature Brenda S Murphy

Date 04/15/2013

BackTrack

Employment Screening Specialists

8850 Tyler Blvd., Mentor, OH 44060 (440) 205-8280 Fax (440) 205-8355 www.backtracker.com

To: Ms. Angie Gonzales
Client: Corporate Management Group
Location: Thornton, CO
Fax:
Client ID: 4096-6595

Name: BRENDA SUE MURPHY
S. S. NO: xxx-xx-9467
Control Id: 895089
Client's Ref.No.
Client EMail: Angie@corpmtgroup.com
Email cc to: lincoln@corpmtgroup.com

Returned Report Log:

Date Sent	Report Status	Report Status Notes
4/12/2013	In Progress	
4/12/2013	Closed	

Database Search

Status: Closed

Search Type: CrimeTrack Criminal and Sex Offender Database Search

Search Name: BRENDA SUE MURPHY

Search Result: Completed.

Search Date: 4/12/2013 5:39:28 PM

Country: U.S.A.

Note: This database is a multi-jurisdictional search compiled from multiple sources consisting of court records, incarceration records, prison/inmate records, probation/parole/release information and all 50 States Sex Offender Database Registries. Also included are a multitude of databases covering U.S and foreign sanctions and watch lists provided by U.S and foreign governments and international organizations. These include but are not limited to OIG - U. S Department of Health and Human Services, Office of the Inspector General - Exclusions List, System for Awards Management (SAM), The Excluded Parties List System (EPLS), General Services Administration (GSA), OFAC Specially Designated Nationals (SDN) and Blocked Persons, OFAC Sanctioned Countries including Major Cities and Ports, Non-Cooperative Countries and Territories, Department of State Trade Control (DTC) Debarred Parties, U.S. Bureau of Industry & Security, Unverified Entities List, Denied Entities List, Denied Persons List, FBI Most Wanted Terrorists and Seeking Information, FBI Top Ten Most Wanted, INTERPOL Most Wanted List, Bank of England Sanctions List, OSFI - Canadian Sanctions List, United Nations Consolidated Sanctions List, Politically Exposed Persons List, European Union Terrorism List, and World Bank Ineligible Firms.

You agree that your request for this report is permitted by law and that you intend to use the report only for a purpose permitted by the Fair Credit Reporting Act and local law and no other purpose. Before taking adverse action based on the information in this report, the FCRA requires you to provide the applicant with a copy of this report, along with a written description of the applicant's Rights under the FCRA. Your company has been provided with a copy of the applicant's rights statement for this purpose. This report is based upon observation and information provided to us. For the fee charged, we do not assume any liability arising out of the use of this report by you or others. You or any user of this report agree to hold us harmless from any liability arising from the use of this report.

BACKGROUND INFORMATION FORM FOR BACKGROUND CHECK

BackTrack, Inc. is an employment screening company that conducts background checks on prospective employees/employees for our clients as part of their standard hiring procedure. In order to perform this check, we need you to provide the following information. Please be sure to fill out this form completely and legibly.

APPLICANT INFORMATION (please print clearly & accurately)					
Position Applying For: <u>Call Center</u>			Expected Salary: <u>\$11.00</u>		
Last Name <u>Murphy</u>		First Name <u>Brenda</u>		Middle Name <u>Sue</u>	
Maiden Name <u>Dinning</u>		Any Other Name(s) Used <u>Easterday</u>		Phone <u>303 809-8321</u>	
Home Address <u>11882 Irma Dr</u>			E-Mail Address <u>bsmurphy2@yahoo.com</u>		
City <u>Northglenn</u>	State <u>CO</u>	Zip <u>80233</u>	County <u>Adams</u>	From Mth/Yr <u>1/08</u>	To Mth/Yr <u>Current</u>
Social Security Number *		Date of Birth *		Military Branch of Service	
*For background screening purposes only <u>547-96-9467</u>		<u>6-19-53</u>		<u>N/A</u>	
Driver's License Number <u>CO 97-169-1487</u>		State License was Issued <u>CO</u>			
High School <u>San Dieguito</u>	City/State Location <u>Encinitas, CA</u>		Year Graduated <u>—</u>	Full Name Diploma Issued Under <u>—</u>	
If GED received, in what State <u>Colby, KS</u>	City/State Location <u>Colby Comm College</u>		Date Received <u>1977</u>	Name Used for GED <u>Brenda Quagliana</u>	
College <u>Fort Hays State U</u>	City/State Location <u>Hays, KS</u>		Year Graduated <u>1995</u>		
Degree Rec'd: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input checked="" type="checkbox"/> Master <input type="checkbox"/> Other _____ Student ID Number: _____ Full Name Used <u>Brenda Easterday</u>					
List Previous Addresses (to cover last 7 years)					
Address <u>1616 E 78th Ave #19A</u>		City/State <u>Denver, CO</u>		Zip <u>80228</u>	
County <u>Adams</u>		From Mth/Yr <u>9-2001</u>		To Mth/Yr <u>1-2008</u>	
Address _____		City/State _____		Zip _____	
County _____		From Mth/Yr _____		To Mth/Yr _____	
Are you currently employed? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
May we contact your <u>CURRENT EMPLOYER</u> now? <input type="checkbox"/> YES <input type="checkbox"/> NO (If marked YES, we WILL contact.) _____ Please Initial _____					

IMPORTANT: If you are currently employed and do NOT wish for your current employer to be contacted, please check NO on the above box.
NOTE: The absence of any of the above information could result in a delay in processing your background. If necessary, a representative from BackTrack, Inc. will contact you for additional information in order to expedite the background process. Thank you for your assistance.

—FOR CLIENT USE ONLY – DO NOT WRITE BELOW THIS LINE—

CLIENT INFORMATION		SERVICES REQUESTED <input type="checkbox"/> RUSH ORDER (\$27 extra charge)	
Name:	PACKAGE:		
Title:	<input type="checkbox"/> Level I (employment, education, criminal search, credit or SSN search, driving)		
E-Mail Address:	<input type="checkbox"/> Level II (employment, criminal search, credit or SSN search, driving)		
Company Name:	<input type="checkbox"/> Level III (employment, education, criminal search)		
Address:	<input type="checkbox"/> Level IV (employment, criminal search, credit or SSN search)		
City/State/Zip:	<input type="checkbox"/> Level V (criminal and SSN search)		
If Applicable, Division or Code #:	<input type="checkbox"/> Level VI (employment, education, criminal search, credit or SSN search)		
Phone Number:	(Above packages check here for 5 year emp. history ___ check here for only 3 year ___)		
Fax Number:	<input type="checkbox"/> Criminal History (county) <input type="checkbox"/> Federal District Search		
	<input type="checkbox"/> Civil Litigation <input type="checkbox"/> Statewide Search (where available)		
	<input type="checkbox"/> CrimeTrack (Criminal Database and National Sex Offender Search)		
	<input type="checkbox"/> GlobalTrack (Patriot Act Search)		
	<input type="checkbox"/> Credit Report		
	<input type="checkbox"/> Employment History <input type="checkbox"/> Education <input type="checkbox"/> Driving Record <input type="checkbox"/> SSN Search		
	<input type="checkbox"/> Workers' Comp. <input type="checkbox"/> Military <input type="checkbox"/> Credential <input type="checkbox"/> Bus/Personal Ref.		

DISCLOSURE AND AUTHORIZATION FOR BACKGROUND CHECK

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character and general reputation which can involve interviews with sources such as your friends and/or associates. These reports may contain information regarding your credit history, criminal history from various state and private sources along with other public records available, social search, motor vehicle records ("driving records"), verification of your education or employment history, or workers' compensation claims. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. Workers compensation will only be requested in compliance with the ADA and/or any other applicable state laws. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. According to the Fair Credit Reporting Act, you are entitled to know if employment is denied or you otherwise suffer an adverse employment action because of information obtained from your prospective employer/employer from a consumer reporting agency. If so, you will be advised and be given the name of the agency or source of information.

Maine and New York applicants/employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants/employees only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

Oregon applicants/employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applications/employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, Employer, or insurance company to furnish any and all background information requested by BackTrack, Inc., another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants/employees only: Please check this box if you would like to receive a copy of your consumer report.

California applicants/employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

F11-0920

Signature Brenda Murphy

Date 4-12-13

Printed Name _____ Company Applying To _____